



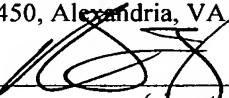
THW/HF

| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | Docket No. 1-24912 | |
|--|-------------------------------------|------------------------------|--|------------------------|--------------------------|
| Applicant(s): Alastrair James Buchanan, et al. | | | | | |
| Application No. 10/713,789 | Filing Date November 14, 2003 | Examiner Ronnie M. Mancho | Customer No. 46582 | Group Art Unit 3663 | Confirmation No. 8772 |
| Invention: Sensing Apparatus for Vehicles | | | | | |
|  <u>COMMISSIONER FOR PATENTS:</u> | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 23 - | 23 = | 0 | x \$50.00 | \$0.00 |
| INDEP. CLAIMS | 1 - | 3 = | 0 | x \$200.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 13-0005 <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.</div></div><div>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</div></div> | | | | | |
| <div style="border: 1px solid black; padding: 5px;">Thedford I. Hittaffer Reg. No. 38,490 MacMillan, Sobanski & Todd, LLC One Maritime Plaza Fourth Floor 720 Water Street Toledo, Ohio 43604</div> | | | <div style="border: 1px solid black; padding: 5px;"><div style="display: flex; justify-content: space-between;"><div>Signature</div><div>Dated: May 23, 2007</div></div><div style="margin-top: 20px; text-align: center;"> Signature of Person Mailing Correspondence Rosanna L. Lopez Typed or Printed Name of Person Mailing Correspondence</div></div> | | |

CERTIFICATE OF MAILING BY FIRST CLASS MAIL



I hereby certify that this document is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, Mail Stop Amendment, P.O. Box 1450, Alexandria, VA 22313-1450 on the date set forth below.


(signature)

Date of signature and deposit - May 23 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|---------------------------------|---|---------------------------|
| In re Application of: |) | |
| ALASTAIR JAMES BUCHANAN, et al. |) | Group Art Unit 3663 |
| |) | |
| Serial No. 10/713,789 |) | Confirmation No. 8772 |
| |) | |
| Filed: November 14, 2003 |) | Examiner Ronnie M. Mancho |
| |) | |
| For: SENSING APPARATUS FOR |) | Attorney Docket 1-24912 |
| VEHICLES |) | |

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

REQUEST FOR RECONSIDERATION

Honorable Sir:

Reconsideration of the above-identified application is respectfully requested in view of the following remarks. Please charge Deposit Account 13-0005 for any fees that may be required by the filing of this paper.